



Snohomish County Human Resources

Dental Insurance Plans Comparison Sheet (All Employees) Effective 4/1/16

This is only a summary! For more coverage details, limitations, and exceptions refer the plan booklets available online at <http://snohomishcountywa.gov/965/Dental> or call Delta Dental of Washington at 1-800-554-1907, Delta Dental of Washington DeltaCare at 1-800-650-1583, Willamette Dental Group at 1-855-433-6825, or [Human Resources](#) at 1-425-388-3411 Ex. 0. Monthly premiums are paid in full for [full-time employees](#) that work 35 or more hours per week, and [part-time employees](#) pay pro-rated premiums. All provisions are calculated on a plan year basis (April 1st – March 31st).

	Delta Dental of Washington PPO Group #00444	Delta Dental of Washington DeltaCare (HMO) Group # 00114	Willamette Dental of Washington, Inc. (HMO) Group #WA175
Providers	You may use any licensed dentist. Your benefits may be paid at a higher level and your out-of-pocket expenses may be lower if you choose a participating dentist. Click to locate a provider.	You must choose a dentist from the managed dental care provider list at www.DeltaDentalWA.com/FindADentist . All family members will be assigned to the same provider unless otherwise requested. Every attempt will be made to assign family members to the providers chosen.	Must receive care from a Willamette Dental Group dentist or specialist. Click here to locate a provider.
Plan Description	The PPO Plan is an incentive based design that offers greater coverage when you use the services at least once per year. 1 st year - 70% coverage; 2 nd year - 80% coverage; 3 rd year - 90% coverage; 4 th year - 100% coverage. Major care is always at 50% coverage.	DDWA requires payment according to a fee schedule. There is no co-payment required for an office visit.	Willamette Dental requires payment according to a fee schedule. After the \$10 office visit copay, many services are paid in full.
Deductible (Applies to all benefit class levels except Orthodontia)	\$50 per person/per benefit period \$150 annual family maximum	None	None

	Delta Dental of Washington PPO Group #00444	Delta Dental of Washington DeltaCare Group # 00114	Willamette Dental of Washington, Inc. Group #WA175
Annual Maximum Per Benefit Period (April 1st – March 31st)	\$1,750 per year per person	None	No annual maximum
Diagnostic & Preventive Care (Exams, x-rays, fluoride, sealants)	70% - 100%	Most services are paid at 100%. <ul style="list-style-type: none"> • There are no copays for problem-focused limited evaluations. • Sealants are \$5 per tooth. • Space maintainers are \$10. 	Routine and emergency exams, x-rays, teeth cleaning, fluoride treatment, sealants (per tooth), head and neck cancer screening, oral hygiene instructions, periodontal charting, periodontal evaluation): \$0 copay
Restorative (Restorations, Endodontics, Periodontics, Oral Surgery)	70% - 100%	Many services are paid at 100%. <ul style="list-style-type: none"> • There are no copays for fillings. Resin composite fillings in posterior teeth are optional. • Copays for root canals range from \$0 to \$220. No copays for most other endodontic treatment. • There are no copays for periodontal maintenance, root planning, and most other periodontal treatment. • Most oral surgery covered with no copay. • Optional treatments may have additional copays. 	Fillings, root canal therapy (anterior, bicuspid, molar, Osseous surgery (per quadrant), root planning (per quadrant), routine extraction (single tooth), and surgical extraction: \$0 copay Porcelain-metal crown: \$275 copay
Major (Crowns, Dentures, Partials, Bridges and Implants)	50%	Copayments required for most services. <ul style="list-style-type: none"> • Copays for crowns range from \$0 to \$195. • Copays for dentures range from \$5 to \$170. • Copays for denture repair and relining. • Copays for the various bridge elements similar to those for crowns. • Optional treatments may have additional copays. 	Crown: \$0 to \$275 copay Complete upper or lower denture: \$275 copay Bridge (per tooth): \$275 copay
Orthodontia	50% \$1,250 lifetime maximum per person	\$1,600 copay for covered dependent children \$2,000 copay for adults	Pre-orthodontia treatment: \$150 copay* Comprehensive orthodontia treatment: \$1,350 copay *Copay credited towards the comprehensive orthodontia treatment copay if patient accepts treatment plan.